

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA0097465132	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address MICROPOLIS 21123 NORDOFF CHATSWORTH			A. State Manifest Document Number 84051707		
4. Generator's Phone (818) 709 3377			B. State Generator's ID CA0097465132		
5. Transporter 1 Company Name AMERICAN TRUCKING CO			C. State Transporter's ID 710458		
6. US EPA ID Number CA0000032070			D. Transporter's Phone 714-599-6026		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address OMEGA CHEMICAL CORP. 17504 E. WATHER BLVD WHITTIER, CA 213-698-0991			G. State Facility's ID CA0042245001		
10. US EPA ID Number CA0042245001			H. Facility's Phone 213-698-0991		
11. US DOT Description (Including Prop. Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit
			No.	Type	Waste No.
a. FREON TMS URE UN9189			8	DR	445 gal
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above SPENT FREON TMS			K. Handling Codes for Wastes Listed Above 01		
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name ANDY NABON			Signature <i>Andy Nabon</i>		Date Month Day Year 8 17 86
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>Jon E. Shotts</i>		Date Month Day Year 8 17 86
Printed/Typed Name JON E. SHOTTS			Signature		Date
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature		Date
Printed/Typed Name			Signature		Date
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name SCOTT SEAN			Signature <i>Scott Sean</i>		Date Month Day Year 8 17 86

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS  
TO: P.O. Box 3000, Sacramento, CA 95812